

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007195

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 125

STATE FILE NUMBER

FILED MAR 15 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
Length of stay in 1b 4 yrs		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hospital		d. STREET ADDRESS (If outside, give location) 11300 E. 23rd St.	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MERRILL CLAYTON DRAKE Sr.			4. DATE OF DEATH Month Day Year March 9, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 19, 1925	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber - Drake Plumbing & Heating		10b. KIND OF BUSINESS OR INDUSTRY Pittsburg, Kansas		11. BIRTHPLACE (City and state or country) USA	
13a. FATHER'S NAME Ralph Drake		13b. MOTHER'S MAIDEN NAME Safrona		14. NAME OF HUSBAND OR WIFE Bettie Drake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW 2		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Bettie Drake Indep. Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Flat Sun Strokes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. aluminum DUE TO (b) aluminum DUE TO (c) [REDACTED]		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE A <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) apparently accidentally flat			
20c. TIME OF INJURY Hour a.m. p.m. 3-7-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Independence		COUNTY Jackson	STATE MO
21. I attended the deceased from _____, to _____ and last saw her him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) Robert Locally and Family Physician			22b. ADDRESS 6627 Prospect Ave		22c. DATE SIGNED 3-11-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 12, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) K.C. Mo.	
24. FUNERAL DIRECTOR OTT & MITCHELL		ADDRESS INDEP. MO.		25. DATE RECD. BY LOCAL REG. 3-11-63	26. REGISTRAR'S SIGNATURE Alba R. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
17005
27005
3
4 0
5 1
6
7 1
8 0
99190
10 19
11 120
12 1-3
13 1-0

MAR 19 1963

MAR 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3156

P. O. Address Indefinite

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

3-11-63